

Hillsborough County Pre-Trip Authorization and Reimbursement Request Form

All travel must comply with Administrative Directive No. AD-09.

This form must be completed prior to travel.

Norma Smith



Name: Carol A Johns	EMP ID: 31258	We certify that the mode of transportation is the most cost effective under the circumstances and travel complies with AD No. AD-09.	
Address: 5526 Rick Dr		Signature of Traveler: <i>Carol A Johns</i>	Date: 6/16/16
City: Zephyrhills	ZIP: 33541	Signature of Approving Authority: <i>Lindsey K. Kimball</i>	Date: 6/22/16
Dept./Agency: Economic Development	Ph #: (813) 272-7232	Print name of Approving Authority: Lindsey K. Kimball	Travel Coordinator Name: Norma Smith
			Ph #: (813) 276-8461

Purpose of Travel: 2016 ASBDC Conference			
Method of Travel: <input type="checkbox"/> County Vehicle <input checked="" type="checkbox"/> Private Vehicle <input type="checkbox"/> Common Carrier	Class of Travel: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Departure Date: 09/18/16	Departure Time: 8:00 Am	Travel Destination: City: Orlando County: Orange State: FL	
Return Date: 09/22/16	Return Time: 6:30 pm	NOTES:	

ATTACH JUSTIFICATION FOR ESTIMATED EXPENSES:		SIGNED FORM VERIFYING COMPLETION OF TRAVEL IS DUE TO BOCC ACCOUNTING 5 DAYS AFTER TRAVEL RETURN DATE.	
Registration Fee:	\$695.00	Registration Fee:	\$695.00
Hotel: 4# days at \$197.00 per day	\$788.00	Hotel: 4 # days at \$ per day	795.88
Airline Ticket: <input type="checkbox"/> Non-refundable	\$	Airline Ticket: Payment Proof Required	\$
Car Rental: <input type="checkbox"/> Voucher:	\$	Car Rental: Payment Proof Required	\$
Auto Mileage: 145 miles at \$0.445	\$64.52	Auto Mileage: 145 miles at \$0.445	64.79
Per Diem: quarter days at \$21.25	\$0.00	Destination Mileage: miles at \$0.445	\$0.00
Meals: Breakfasts: 4#	\$32.00	Explanation:	
Lunches: 4#	\$32.00	Parking, Tolls, Taxi (attach receipts)	\$80.00
Dinners: 4#	\$88.00	Per Diem: quarter days at \$21.25	\$0.00
Other:	\$	Meals: Breakfasts: 4 #	\$32.00
Total Estimated Expenses:	\$1699.52	Lunches: 1 #	\$8.00
		Dinners: 4 #	\$88.00
		Other Expenses (attach receipts)	\$
		Total Allowances:	1763.67
		*If overpaid, please make check payable to BOCC and attach	Less Advanced Payments: \$1490.88
		*Total Reimbursement:	272.79

We hereby certify that this travel is true and correct in every material matter; that the expenses were incurred by the traveler as necessary travel in the performance of official duties; and that the same conforms in every respect with the requirements of § 112.061, Florida Statutes, and Administrative Directive No. AD-09.

Signature of Traveler	(813) 277-1393	Signature of Approving Authority	3393 / /
Work Phone Number		Print name of Approving Authority: Lindsey K. Kimball	Date

METHOD OF PAYMENT: (COMPLETE DETAILED INFORMATION REQUIRED)			
Registration:	<input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Fed. Tax I.D.:	Phone #: () -
Amount:	Payable to:	Index / Sub-Object Code:	Fax #: () -
\$	Address:	Registration Deadline / /	
	Early Bird Deadline / /		
Hotel:	<input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Fed. Tax I.D.:	Phone #: () -
Confirm #:	Amount:	Index / Sub-Object Code:	Fax #: () -
\$	Address:		
Rental Car:	<input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$
Advance Travel Expenses Payable to Traveler:	<input type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$
Reimbursable Travel Expenses to Traveler:	<input checked="" type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$
		EDE03020 / 4000	272.79

Date	Doc Amount	No. of Lines	Trans Hash	Coded By	Distribution:	<input type="checkbox"/> Copy - Department
						<input type="checkbox"/> Original - Accounting
Vendor No.	Document No.					<input type="checkbox"/> Copy - Transaction Report